

## LAKEVILLE POLICE DEPARTMENT Data Request Form

**Date of request:** \_\_\_\_\_

**I am requesting access to data in the following way:**

Copies                               Inspection                               Both copies and inspection

Note: inspection is free but we charge for copies when the cost is over \$10.00. You may be required to pay for copies before we will give them to you.

**These are the data I am requesting:**

Describe the data you are requesting as specifically as possible. If you need more space, please use the back of this form.

Case File Number: \_\_\_\_\_ | Date of Incident: \_\_\_\_\_

Incident Address: \_\_\_\_\_

Persons Involved: \_\_\_\_\_

Incident Type/Description: \_\_\_\_\_

What data are you requesting?

Name \_\_\_\_\_

Parent/Guardian name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

**IF THE DATA YOU ARE REQUESTING IS PUBLIC:**

You do not have to provide any of the above contact information. However, if you want us to mail/email you copies of data, we will need some type of contact information. In addition, if we do not understand your request and need to get clarification from you, without contact information we will not be able to begin processing your request until you contact us. We will respond to your request as soon as reasonably possible.

**IF THE DATA YOU ARE REQUESTING IS ABOUT YOU:**

To request data as a data subject, you must provide a valid state ID, driver's license, military ID, or passport as proof of identity. We will respond to your request within 10 business days.

Submit data request by email, fax or mail.

**Staff Verification** Identification provided \_\_\_\_\_